HEALTH AND WELFARE AGENCY — DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

CALIFORNIA ALCOHOL AND DRUG DATA SYSTEM (CADDS) — PARTICIPANT RECORD (PR)

(USE BALL POINT PEN—PRESS HARD)

1. PROVIDER ID — Program | County | Facility ID

2. FORM SERIAL NUMBER

3. UNIQUE PARTICIPANT ID — Initials (Last-First) | Sex (1-Male 2-Female) | Date of Birth (Month – Day – Year)

4. PROVIDER'S PARTICIPANT ID (Optional)

5. CODEPENDENT/SIGNIFICANT OTHER ..... (1-Yes 2-No)
(If yes, complete Items 1–15; answer yes if receiving services because of **someone else's** alcohol/drug problem.)

6. RACE
01. White
02. Black/African-American
03. American Indian
04. Alaskan Native
05. Asian Indian
06. Cambodian
07. Chinese
08. Filipino
09. Guamanian
10. Hawaiian
11. Japanese
12. Korean
13. Laotian
14. Samoan
15. Vietnamese
16. Other Asian
17. Other Race

7. ETHNICITY
1. Not Hispanic
2. Mexican/Mexican American
3. Cuban
4. Puerto Rican
5. Other Hispanic/Latino

8. EMPLOYMENT STATUS
1. Employed Full Time (35 or more hours/week)
2. Employed Part Time (less than 35 hours/week)
3. Unemployed (looking for work)
4. Not in the labor force (not seeking employment)

9. HIGHEST SCHOOL GRADE COMPLETED ..... (00-20, GED-12)

10. PRINCIPAL SOURCE OF REFERRAL
1. Individual (Includes self-referral)
2. Alcohol/Drug Abuse Care Program
3. Other Health Care Provider
4. School (Educational)
5. Employer/EAP
6. Non-SACPA: Court/Criminal Justice
7. 12 Step mutual aid (AA, Al-Anon, etc.)
8. Other Community Referral
9. SACPA Court/Probation
10. SACPA Parole

11. IS THIS PERSON CURRENTLY PREGNANT? ..... (1-Yes 2-No)
Answer for ALL participants. (If this participant, whether pregnant or not, is in a Perinatal Services Network Program, complete boxes 14–16 of Coded Remarks. Refer to current Coded Remarks instructions.)

12. LEGAL STATUS
1. Not applicable
*2. Under parole supervision by CDC
3. On parole from any other jurisdiction
4. On probation from any federal, state or local jurisdiction
5. Admitted under diversion from any court
6. Incarcerated
*If participating in a Parolee Services Network or Female Offender Treatment project, enter participant's CDC number in boxes 1–6 of Coded Remarks.

13. DISABILITY IMPAIRMENT
(Enter the codes for up to three impairments; if no impairment, enter "1".)
1st / 2nd / 3rd
1. **NONE**
2. Visual
3. Hearing
4. Speech
5. Mobility
6. Mental
7. Developmentally Disabled
8. Other

14. DATE OF ADMISSION ..... (First face-to-face treatment/recovery service) Month – Day – Year

15. TRANSACTION TYPE ..... 1-Initial Admission; 2-Transfer or change in service

16. TYPE OF SERVICE
Non-residential/Outpatient:
1. Treatment/recovery
2. Day program–intensive
3. Detoxification
Residential:
4. Detoxification (hospital)
5. Detoxification (non-hospital)
6. Treatment/recovery (30 days or less)
7. Treatment/recovery (31 days or more)

STOP HERE if Codependent (Item 5) is Yes (1).

17. MEDICATION PRESCRIBED
1. None
2. Methadone and/or LAAM
3. Other

18. NUMBER OF PRIOR EPISODES IN ANY ALCOHOL OR DRUG TREATMENT/RECOVERY PROGRAM ..... (ENTER 0–9)

CODES: (PLACE ANSWERS IN MATRIX BELOW FOR QUESTIONS 19–21)

ALCOHOL/DRUG PROBLEM (Enter code in Question 19 below; "00" is not a valid response.)
01. Heroin
02. Alcohol
03. Barbiturates
04. Other Sedatives or Hypnotics
05. Methamphetamine
06. Other Amphetamines
07. Other Stimulants
08. Cocaine/Crack
09. Marijuana/Hashish
10. PCP
11. Other Hallucinogens
12. Tranquilizers (Benzodiazepine)
13. Other Tranquilizers
14. Non-Prescription Methadone
15. Other Opiates and Synthetics
16. Inhalants
17. Over-The-Counter
21. Other (specify) _____
22. **NONE**

USUAL ROUTE OF ADMINISTRATION (Enter code in Question 20 below)
1. Oral 2. Smoking 3. Inhalation 4. Injection (IV or intramuscular) 5. Other

FREQUENCY OF USE (Enter code in Question 21 below)
1. No past month use
2. 1–3 times in past month
3. 1–2 times per week
4. 3–6 times per week
5. Daily

Question #	Primary	Secondary	Tertiary
19. ALCOHOL/DRUG PROBLEM			
20. USUAL ROUTE OF ADMINISTRATION			
21. FREQUENCY OF USE			
22. AGE OF FIRST USE/ ALCOHOL INTOXICATION			

Instructions
- Age of First Use—Primary must be at least 5 years old.
- If Secondary Alcohol/Drug Problem is NONE (22), leave Secondary Route, Frequency, and Age blank.

23. HAS THIS PARTICIPANT USED NEEDLES DURING THE PAST TWELVE MONTHS? ..... (1-Yes 2-No)

24. SPECIAL SERVICES/CONTRACT: .....
(Leave blank unless number is assigned by ADP.)

OPTIONAL DATA ITEMS

25. HAS THIS PARTICIPANT EVER BEEN DIAGNOSED AS ALSO HAVING CHRONIC MENTAL ILLNESS? ..... (1-Yes 2-No)

26. IS THIS PARTICIPANT HOMELESS? ..... (1-Yes 2-No)

27. ZIP CODE OF PARTICIPANT'S CURRENT RESIDENCE.

CODED REMARKS: REFER TO THE CURRENT CODED REMARKS INSTRUCTIONS.

(CDC ID) 1 2 3 4 5 6 | 7 8 9 10 11 12 13 | (PSN) 14 15 16

(MEDI-CAL) 17 18 19 20 21 | (CalWORKs) 22 23 | 24 25 26 27 28 29 30

31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46

GENERAL INSTRUCTIONS: Refer to the Instruction Manual When Completing this Participant Record Form

A Participant Record (PR) form must be completed for each individual who receives direct treatment or recovery services for an alcohol- or drug-related problem from this provider facility. PR forms may also be completed for codependents/significant others or family members who receive direct services; consult your program director or county administrator for guidance on reporting codependent/significant other data.

The white admission copy of the PR form should be filled out and forwarded for data entry processing once a participant is formally admitted for services. Submit a PR form only after all intake and admission procedures are completed, and it has been determined that the individual meets the provider's admission criteria, and a participant or client file has been opened. A copy of the PR form must be kept in the participant record or client file.

Individuals who are screened and placed on a waiting list, or who receive crisis intervention, referral, or educational services only, are not considered participants for the purpose of collecting data on this system.

When a participant leaves the program or changes service type (see item 16 above), enter the Discharge Information (items 28–32) on the yellow copy of the PR form. If a participant is re-admitted or changes service type, a new admission PR form must be completed.

Data collection by the California Alcohol and Drug Data System is authorized by the California Health and Safety Code, Section 11755. **FOR ASSISTANCE CALL (916) 327-5563**

ADMISSION COPY

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